

ORGAN TRANSPLANTS: WAITING FOR THE CALL

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Should the sickest always get the organ?BY JACLYN O'MALLEY jomalley@rgj.com

With the number of transplant candidates far outnumbering the organs available for transplants, it's not surprising a debate rages over who should be first in line when an organ becomes available.

Should an 80-year-old patient with a short life expectancy go before a 40-year-old patient with children?

Should a patient who smoked or abused drugs be forced to wait behind another patient who needs a transplant for reasons he couldn't control?

"Who deserves it?" said medical ethicist Craig Klugman of the Nevada Center for Ethics and Health Policy at the University of Nevada, Reno. "The person who drinks or had unprotected sex and got hepatitis C? Personal responsibility versus someone who got dealt an unfair deck ... people are more likely going to be compassionate to the latter person, but it's not supposed to work that way."



"The system is never going to be perceived to be fair as long as patients are dying while waiting for organs," said Phyllis Weber, CEO of the California Transplant Donor Network, an organ procurement agency that serves Northern Nevada. "Until every person who could be a donor donates, we're not going to solve that problem."

The current allocation system administered by the United Network for Organ Sharing does not allow social, economical or emotional factors to determine who gets organs. Recipient rankings are based on the highest medical need. Geographic and medical matches then help determine who is top on a hospital's list.

Barriers falling

Lately barriers have fallen for HIV-positive patients seeking liver and kidney transplants, although these patients are prohibited from donating because their organs are damaged. California recently became the first state to prohibit insurers from denying coverage for organ transplants based solely on a patient's HIV status and an Arizona judge ruled the state's Medicaid program can't deny a liver transplant to an HIV-positive woman, reported the Associated Press. The argument here is that while there continues to be a shortage of organs, should transplants be performed on people infected with deadly viruses whose life expectancies are already compromised?

Also, if the sickest patients are first in line, how could patients compete with the illness severity of HIV-positive patients? Many HIV-positive patients are also infected with hepatitis C, which often progresses to fatal liver disease.

"It's an issue of justice," said Klugman, also an assistant professor at the School of Public Health, said. "How do they distribute the organs? It's very controversial because someone always loses out. If you or a family member needs a transplant, you're not going to care how you get it and if it's the fairest."

Perpetuating myths

In September, St. Vincent Medical Center in Los Angeles suspended its liver transplant program when its doctors improperly arranged for a transplant to a Saudi national. According to news accounts the organ should have gone to another patient at a different hospital, but hospital staff reportedly falsified documents to hide that fact. The Royal Embassy of Saudi Arabia paid \$339,000 for the transplant – 30 percent more than usual for such a procedure.

Officials say incidents like these, although rare, perpetuate the myth that organs won't go to the right people and discourage people from donating.

Klugman said social worth often enters the discussion when hospital transplant committees are deciding who should be on top of their waiting lists.

"It's part of being human," Klugman said. "You try to be objective but there is an emotional reaction."

Officials at UNOS, the organ sharing network, says past behaviors that result in organ failure should not be the sole basis for excluding transplant candidates. Its Web site suggests "additional discussion of this issue in a societal context may be warranted."

Paying the price

Sandi Smith, a registered nurse and regional supervisor for Sierra Eye and Tissue Donor Services in Reno, said many transplant candidates are not on waiting lists because they are uninsured or their insurance companies won't cover a transplant.

"One thing required to be on the list is that you can pay for it," she said.

And Weber said that's what's wrong with the U.S. health care system.

"I don't think it's fair those who can't afford it can't get one," Weber said.

Klugman added that those who have money are at an advantage in other ways when it comes to getting an organ transplant. Affluent people can be on multiple hospital waiting lists because they can afford travel expenses and additional medical costs.

"It shouldn't work by market force," Klugman said. "The poor are simply disadvantaged."

Klugman also noted that some patients have started advertising for donors.

Last year, for example, a Henderson couple set up a Web site to encourage donations and increase the odds of landing their 7-month-old son a new small intestine and liver. The couple's baby died before his family could find a donor, even though the baby had been on the top of a regional waiting list.

In April, a Houston man got a new liver after advertising on a billboard, Web site and toll-free number. He died eight months after the transplant.

While these advertising campaigns may help increase the number of organ donors, some ethicists are concerned they could undermine an organ donation allocation system designed to give the sickest patients organs.

THE STEM CELL SOLUTION

Stem cells have emerged as controversial and welcomed solution to the nation's chronic shortages of organ donations.

"If we could grow organs, we wouldn't need donations or taking organs from the dead," said medical ethicist Craig Klugman. "The organ would also have your DNA and there would be no rejection or need to take anti-rejection drugs for the rest of your life."

Stem cells can specialize into many different cells found in the human body. Researchers have great hopes that stem cells can one day be used to grow entire organs.

The ethical objections concerning stem cells have focused primarily on their source, Klugman said. While stem cells can be found in the adult human body, the most potent stem cells seem to come from the first few cells of a human embryo. When the stem cells are removed, the embryo is destroyed. Some people find this practice morally objectionable and would like to put a stop to research and medical procedures that destroy human embryos.

Last month, federal regulators allowed Stanford University to transplant fetal stem cells into the brains of children who suffer from a rare genetic disorder called Batten disease. The degenerative disease blinds the children, renders them speechless and paralyzes them before it kills them. The cells are not human embryonic cells, rather immature neural cells that are destined to turn into mature cells that make up a fully formed brain.

"There is a great importance for doing this type of research and the medical need is great," Klugman said. "Society has to decide if it values embryonic life more than those who are walking around."

- - *Jacalyn O'Malley*